

INVOICE

U.S. Legal Support
802 N. Carancahua Street
Suite 2280
Corpus Christi, TX 78401
Phone:361-883-1716 Fax:361-888-6550

Stephanie Willing
Ogletree, Deakins, Nash, Smoak & Stewart, P.C.
90 South Seventh Street
Suite 3800
Minneapolis, MN 55402

Invoice No.	Invoice Date	Job No.
140011770	4/27/2017	238878
Job Date	Case No.	
4/11/2017	216CV00361	
Case Name		
Mark Silguero and Amy Wolfe v. CSL Plasma, Inc.		
Payment Terms		
Due upon receipt		

1 CERTIFIED COPY OF TRANSCRIPT OF:

Michelle Mailey

377.14

TOTAL DUE >>>

\$377.14

AFTER 6/11/2017 PAY

\$433.71

Thank you for your business. If you have any billing questions, please email swbilling@uslegalsupport.com. We will respond within 24 hours.

Please contact us immediately with questions or corrections regarding billing or payment.
No adjustments or refunds will be made after 120 days from date of payments.

Tax ID:

Phone: 612-339-1818 Fax:

Please detach bottom portion and return with payment.

Stephanie Willing
Ogletree, Deakins, Nash, Smoak & Stewart, P.C.
90 South Seventh Street
Suite 3800
Minneapolis, MN 55402

Job No. : 238878 BU ID : 5-CORPUS
Case No. : 216CV00361
Case Name : Mark Silguero and Amy Wolfe v. CSL Plasma, Inc.

Invoice No. : 140011770 Invoice Date : 4/27/2017

Total Due : \$ 377.14

AFTER 6/11/2017 PAY \$433.71

Remit To: **U.S. Legal Support**
P.O. Box 4772-14
Houston, TX 77210-4772

PAYMENT WITH CREDIT CARD



Cardholder's Name: _____

Card Number: _____

Exp. Date: _____ Phone#: _____

Billing Address: _____

Zip: _____ Card Security Code: _____

Amount to Charge: _____

Cardholder's Signature: _____

INVOICE

U.S. Legal Support
802 N. Carancahua Street
Suite 2280
Corpus Christi, TX 78401
Phone:361-883-1716 Fax:361-888-6550

Invoice No.	Invoice Date	Job No.
140011612	4/27/2017	239150
Job Date	Case No.	
4/10/2017	216CV00361	
Case Name		
Mark Silguero and Amy Wolfe v. CSL Plasma, Inc.		
Payment Terms		
Due upon receipt		

Stephanie Willing
Ogletree, Deakins, Nash, Smoak & Stewart, P.C.
90 South Seventh Street
Suite 3800
Minneapolis, MN 55402

1 CERTIFIED COPY OF TRANSCRIPT OF:
Sam Schultz

403.65

TOTAL DUE >>> \$403.65
AFTER 6/11/2017 PAY \$464.20

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90 South Seventh Street
Suite 3800
Minneapolis, MN 55402

Job No. : 239150 BU ID : 5-CORPUS
Case No. : 216CV00361
Case Name : Mark Silguero and Amy Wolfe v. CSL Plasma, Inc.

Invoice No. : 140011612 Invoice Date : 4/27/2017

Total Due : \$ 403.65
AFTER 6/11/2017 PAY \$464.20

Remit To: **U.S. Legal Support**
P.O. Box 4772-14
Houston, TX 77210-4772

PAYMENT WITH CREDIT CARD



Cardholder's Name: _____

Card Number: _____

Exp. Date: _____ Phone#: _____

Billing Address: _____

Zip: _____ Card Security Code: _____

Amount to Charge: _____

Cardholder's Signature: _____

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802 N. Carancahua Street
Suite 2280
Corpus Christi, TX 78401
Phone:361-883-1716 Fax:361-888-6550

Invoice No.	Invoice Date	Job No.
140011627	4/28/2017	239092
Job Date	Case No.	
4/10/2017	216CV00361	
Case Name		
Mark Silguero and Amy Wolfe v. CSL Plasma, Inc.		
Payment Terms		
Due upon receipt		

Stephanie Willing
Ogletree, Deakins, Nash, Smoak & Stewart, P.C.
90 South Seventh Street
Suite 3800
Minneapolis, MN 55402

ORIGINAL TRANSCRIPT OF:

Mark Silguero

554.30

ORIGINAL TRANSCRIPT OF:

Lisa Ann Silguero

351.25

TOTAL DUE >>>

\$905.55

AFTER 6/12/2017 PAY

\$1,041.38

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Ogletree, Deakins, Nash, Smoak & Stewart, P.C.
90 South Seventh Street
Suite 3800
Minneapolis, MN 55402

Job No. : 239092 BU ID : 5-CORPUS
Case No. : 216CV00361
Case Name : Mark Silguero and Amy Wolfe v. CSL Plasma, Inc.

Invoice No. : 140011627 Invoice Date : 4/28/2017

Total Due : \$ 905.55

AFTER 6/12/2017 PAY \$1,041.38

Remit To: **U.S. Legal Support**
P.O. Box 4772-14
Houston, TX 77210-4772

PAYMENT WITH CREDIT CARD



Cardholder's Name:

Card Number:

Exp. Date:

Phone#:

Billing Address:

Zip:

Card Security Code:

Amount to Charge:

Cardholder's Signature:

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Invoice No.	Invoice Date	Job No.
140017098	7/5/2017	244411
Job Date	Case No.	
6/26/2017	216CV00361	
Case Name		
Mark Silguero and Amy Wolfe v. CSL Plasma, Inc.		
Payment Terms		
Due upon receipt		

1 CERTIFIED COPY OF TRANSCRIPT OF: Reynaldo Vargas,	298.77
1 CERTIFIED COPY OF TRANSCRIPT OF: Nola Baker	225.70
1 CERTIFIED COPY OF TRANSCRIPT OF: Melanie Garcia	219.10
TOTAL DUE >>>	\$743.57
AFTER 8/19/2017 PAY	\$855.11

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Ogletree, Deakins, Nash, Smoak & Stewart, P.C.
90 South Seventh Street
Suite 3800
Minneapolis, MN 55402

Job No. : 244411 BU ID : 5-CORPUS
Case No. : 216CV00361
Case Name : Mark Silguero and Amy Wolfe v. CSL Plasma, Inc.
Invoice No. : 140017098 Invoice Date : 7/5/2017
Total Due : \$ 743.57
AFTER 8/19/2017 PAY \$855.11

Remit To: **U.S. Legal Support**
P.O. Box 4772-14
Houston, TX 77210-4772

PAYMENT WITH CREDIT CARD



Cardholder's Name: _____
Card Number: _____
Exp. Date: _____ Phone#: _____
Billing Address: _____
Zip: _____ Card Security Code: _____
Amount to Charge: _____
Cardholder's Signature: _____

INVOICE

U.S. Legal Support
363 N. Sam Houston Parkway East
Suite 1200
Houston, TX 77060
Phone: 713-653-7100 Fax: 713-653-7143

Stephanie Willing
Ogletree, Deakins, Nash, Smoak & Stewart, P.C.
90 South Seventh Street
Suite 3800
Minneapolis, MN 55402

Invoice No.	Invoice Date	Job No.
140018066	7/18/2017	244702
Job Date	Case No.	
7/7/2017	216CV00361	
Case Name		
Mark Silguero and Amy Wolfe v. CSL Plasma, Inc.		
Payment Terms		
Due upon receipt		

ELECTRONIC COPY OF DEPOSITION OF
Juliana Sanchez

216.95

TOTAL DUE >>> \$216.95

AFTER 9/1/2017 PAY \$249.49

Thank you for your business. If you have any billing questions, please email swbilling@uslegalsupport.com. We will respond within 24 hours.

Invoice not paid by due date is subject to interest of 1.5% per month. We will make reasonable efforts to allocate payments properly. U.S. Legal Support may recover any fees and costs it incurs in collecting any unpaid amounts. Any rights regarding allocations, refunds or adjustments after 90 days from payment shall be waived by payer.

Tax ID:

Phone: 612-339-1818 Fax:

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90 South Seventh Street
Suite 3800
Minneapolis, MN 55402

Job No. : 244702 BU ID : 1-HOU
Case No. : 216CV00361
Case Name : Mark Silguero and Amy Wolfe v. CSL Plasma, Inc.
Invoice No. : 140018066 Invoice Date : 7/18/2017
Total Due : \$ 216.95
AFTER 9/1/2017 PAY \$249.49

Remit To: **U.S. Legal Support**
P.O. Box 4772-14
Houston, TX 77210-4772

PAYMENT WITH CREDIT CARD



Cardholder's Name: _____

Card Number: _____

Exp. Date: _____ Phone#: _____

Billing Address: _____

Zip: _____ Card Security Code: _____

Amount to Charge: _____

Cardholder's Signature: _____

INVOICE

U.S. Legal Support
363 N. Sam Houston Parkway East
Suite 1200
Houston, TX 77060
Phone: 713-653-7100 Fax: 713-653-7143

Stephanie Willing
Ogletree, Deakins, Nash, Smoak & Stewart, P.C.
90 South Seventh Street
Suite 3800
Minneapolis, MN 55402

Invoice No.	Invoice Date	Job No.
140018072	7/18/2017	244923
Job Date	Case No.	
7/7/2017	216CV00361	
Case Name		
Mark Silguero and Amy Wolfe v. CSL Plasma, Inc.		
Payment Terms		
Due upon receipt		

ELECTRONIC ONLY ORIGINAL NO HARD COPY

Amy Wolfe

472.30

Delivery Original Waived or After R&S

TOTAL DUE >>> \$472.30

AFTER 9/1/2017 PAY \$543.15

Thank you for your business. If you have any billing questions, please email swbilling@uslegalsupport.com. We will respond within 24 hours.

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Phone: 612-339-1818 Fax:

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Ogletree, Deakins, Nash, Smoak & Stewart, P.C.
90 South Seventh Street
Suite 3800
Minneapolis, MN 55402

Job No. : 244923 BU ID : 1-HOU
Case No. : 216CV00361
Case Name : Mark Silguero and Amy Wolfe v. CSL Plasma, Inc.
Invoice No. : 140018072 Invoice Date : 7/18/2017
Total Due : \$ 472.30
AFTER 9/1/2017 PAY \$543.15

Remit To: **U.S. Legal Support**
P.O. Box 4772-14
Houston, TX 77210-4772

PAYMENT WITH CREDIT CARD



Cardholder's Name: _____

Card Number: _____

Exp. Date: _____ Phone#: _____

Billing Address: _____

Zip: _____ Card Security Code: _____

Amount to Charge: _____

Cardholder's Signature: _____

INVOICE

U.S. Legal Support
363 N. Sam Houston Parkway East
Suite 1200
Houston, TX 77060
Phone:713-653-7100 Fax:713-653-7143

Stephanie Willing
Ogletree, Deakins, Nash, Smoak & Stewart, P.C.
90 South Seventh Street
Suite 3800
Minneapolis, MN 55402

Invoice No.	Invoice Date	Job No.
140018348	7/24/2017	244700
Job Date	Case No.	
7/6/2017	216CV00361	
Case Name		
Mark Silguero and Amy Wolfe v. CSL Plasma, Inc.		
Payment Terms		
Due upon receipt		

ELECTRONIC COPY OF DEPOSITION OF

Joshua Concepcion

192.20

TOTAL DUE >>> \$192.20

AFTER 9/7/2017 PAY \$221.03

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90 South Seventh Street
Suite 3800
Minneapolis, MN 55402

Job No. : 244700 BU ID : 1-HOU
Case No. : 216CV00361
Case Name : Mark Silguero and Amy Wolfe v. CSL Plasma, Inc.
Invoice No. : 140018348 Invoice Date : 7/24/2017
Total Due : \$ 192.20
AFTER 9/7/2017 PAY \$221.03

Remit To: **U.S. Legal Support**
P.O. Box 4772-14
Houston, TX 77210-4772

PAYMENT WITH CREDIT CARD



Cardholder's Name: _____

Card Number: _____

Exp. Date: _____ Phone#: _____

Billing Address: _____

Zip: _____ Card Security Code: _____

Amount to Charge: _____

Cardholder's Signature: _____

INVOICE

U.S. Legal Support
Austin Centre
701 Brazos, Suite 380
Austin, TX 78701
Phone: 512-292-4249 Fax: 512-292-3866

Invoice No.	Invoice Date	Job No.
140018584	7/25/2017	244484
Job Date	Case No.	
7/12/2017	216CV00361	
Case Name		
Mark Silguero and Amy Wolfe v. CSL Plasma, Inc.		
Payment Terms		
Due upon receipt		

Stephanie Willing
Ogletree, Deakins, Nash, Smoak & Stewart, P.C.
90 South Seventh Street
Suite 3800
Minneapolis, MN 55402

1 CERTIFIED COPY OF TRANSCRIPT OF:

John Nelson, M.D., Ph.D.

920.85

TOTAL DUE >>>

\$920.85

AFTER 9/8/2017 PAY

\$1,058.98

Thank you. We appreciate your business.

Please contact Jewel Nealon @ 469-619-4341 or e-mail jnealon@uslegalsupport.com should you have any billing questions.

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Suite 3800
Minneapolis, MN 55402

Job No. : 244484 BU ID : 4-AUSTIN
Case No. : 216CV00361
Case Name : Mark Silguero and Amy Wolfe v. CSL Plasma, Inc.

Invoice No. : 140018584 Invoice Date : 7/25/2017

Total Due : \$ 920.85

AFTER 9/8/2017 PAY \$1,058.98

Remit To: **U.S. Legal Support**
P.O. Box 4772-14
Houston, TX 77210-4772

PAYMENT WITH CREDIT CARD



Cardholder's Name: _____

Card Number: _____

Exp. Date: _____ Phone#: _____

Billing Address: _____

Zip: _____ Card Security Code: _____

Amount to Charge: _____

Cardholder's Signature: _____